

**CALCIUM CHANNEL BLOCKERS – NONDIHYDROPYRIDINES  
PA SUMMARY**

<b>PREFERRED</b>	verapamil HCL, diltiazem, diltiazem ER, diltiazem XR, and all other generic products, Cardizem LA, Cartia XT, Diltia XT, Taztia XT, Verelan PM.
<b>NON-PREFERRED</b>	Calan, Calan SR, Cardizem, Cardizem CD, Cardizem SR, Covera-HS, Dilacor XR, Isoptin SR, Tiazac, Verelan, all other branded products with generics available.

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Claims history reviewed for the use of two preferred products within the last 6 months.
- ❖ If no preferred agents in profile, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to the preferred products.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please click [here](#).

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).